

MILEAGE REPORT

DALLAS SCHOOL DISTRICT #2
Dallas, Oregon 97338

Licensed

Certified

Classified

Name _____ Month of _____ Year _____
School _____

The district will reimburse personnel for travel in connection with their assigned duties.
Only mileage logged within last 60 days is eligible for reimbursement.

DATE	TO	FROM	PURPOSE	MILES TRAVELED

APPROVED _____
Supervisor Date

APPROVED _____
District Office Date

<p>I hereby certify that I have knowledge of the above claim; that said claim is true and correct; that the amount herein specified is due from the District as stated and that no part thereof has been heretofore paid.</p> <p>_____ Employee's signature</p> <p>_____ Date</p>	<p>DISTRICT OFFICE USE ONLY:</p> <p>Account Number _____</p> <p>Vendor Number _____</p> <p>Amount due from School District #2 for miles traveled:</p> <p>_____ Miles @ _____ per mile \$ _____</p>
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**PROOF OF INSURANCE
FOR PRIVATE VEHICLE**

DALLAS SCHOOL DISTRICT #2

Name _____

Date(s) of Trip/Activity _____

Trip/Activity _____

Insurance Carrier _____

Policy # _____ ODL # _____

- I fully understand the Dallas School District does not provide coverage for any physical damage to my vehicle or liability coverage for my actions as a driver while transporting students to this field trip/activity.
- I presently have automobile insurance that meets or exceeds minimum requirements as established by Oregon Law. I will notify the school if my coverage changes.
- I presently carry a valid license for driving a motor vehicle.
- My vehicle contains an adequate number of seat restraints, including, when applicable, a child safety system for a child who weighs less than 40 pounds, regardless of age; and the adult driver requires use of seat restraints by all passengers.
- My vehicle is designed to seat no more than 9 passengers.

Signature of Insured Driver

Date